

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City..... St. Louis

Registration District No..... 1003

Primary Registration District No.....

1038 Tamm av., 9

File No..... 3390

Registered No..... 422

St..... Ward.....

2. FULL NAME

Samuel Edington,

(a) Residence, No. 1038 Tamm av. St., 4 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Annie Edington,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876-7-20

7. AGE

YEARS

60

MONTHS

5

DAYS

20

IF LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Building

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN) Nashville, Tenn.

(STATE OR COUNTRY)

FATHER  
MOTHER

13. NAME Hugh Edington,

14. BIRTHPLACE (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Creech,

16. BIRTHPLACE (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

17. INFORMANT Samuel Edington, Jr.  
(ADDRESS) 6226 Berthold av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE 1/12/37

19. UNDERTAKER Robert J. Ambruster

(ADDRESS) Clayton Rd. at Concordia Ave.,

20. FILED JAN 11 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 19 37

22. I HEREBY CERTIFY That I attended deceased from  
Jan. 8th, 19 37, to January 10th, 19 37

I last saw him alive on January 9th, 19 37 Death is said

to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, (acute)

Date of onset

1-6-37

Other contributory causes of importance:

Name of operation None.

Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 5930 Southwest av.

M. D.

